

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 174

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					

DATE OF BIRTH* May 16, 1929
(Month) (Day) (Year)

FULL* NAME Pedro Ramirez FATHER

FULL* MAIDEN NAME Justina Garcia MOTHER

I HEREBY CERTIFY that the child described herein
has been named

Juan Gilberto Ramirez
(Give name in full) (Surname)

Juana Garcia
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43-S.P.Co.